

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-021821

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 56

1. **FILED JUL 10 1962**

a. COUNTY **Atchison**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Clay Twsp.**

Length of stay in lb

c. CITY
OR TOWN

Langdon

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **None**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
Clay Twsp.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Albert Jacob Rosenbohm

4. DATE OF DEATH
Month Day Year
6 24 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-14-1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

7 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer

10b. KIND OF BUSINESS OR INDUSTRY
Agriculture

11. BIRTHPLACE (City and state or country)
Langdon, Mo

12. CITIZEN OF WHAT COUNTRY
US

13a. FATHER'S NAME

Ekke Rosenbohm

13b. MOTHER'S MAIDEN NAME

Marie Rossmiller

14. NAME OF HUSBAND OR WIFE

Mary Rosenbohm

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

none

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs Mary Rosenbohm, Langdon, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Inanition, hypostatic pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 weeks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Malignant tumor of left parotid

one yr.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **June 61** to **June 24-62** and last saw **her** live on **6-24-62**
Death occurred at **3:00** am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Wallace Carpenter MD

Rock Port Mo

22c. DATE SIGNED

6-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
6-26-1962

23c. NAME OF CEMETERY OR CREMATORY
Hunter Cemetery

23d. LOCATION (City, town, or county)
Rock Port, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bartholomew Mortuary, Rock Port.

July 2, 1962

Therwin H. Schaefer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

JUL 11 1962

MAR 8 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ernst Bartholomew*

Licensed Embalmer No. 3173

P. O. Address Rock Pt. Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.